

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

SEP 18 1934

29955

## 1. PLACE OF DEATH

57 County Linn Registration District No. 421  
Township Bedford Primary Registration District No. 5654  
City Jefferson (No. 100)

File No. 31  
Registered No. 31  
St. Jefferson Ward 1

## 2. FULL NAME

(a) Residence, No. 100 St. Jefferson Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Maggie Clark</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 1878</u>		
7. AGE YEARS <u>56</u> MONTHS <u>0</u> DAYS <u>21</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tanner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) <u>Moscow Mills Mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Lee Groshong</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Moscow Mills Mo</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Addie Cottler</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Moscow Mills Mo</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Addie May Groshong</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trinity Church</u> DATE <u>Aug 12 1934</u>		
19. UNDERTAKER <u>Reynolds Bros</u> (ADDRESS)		
20. FILED <u>9-1</u> 1934 <u>W. P. Smith</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1934

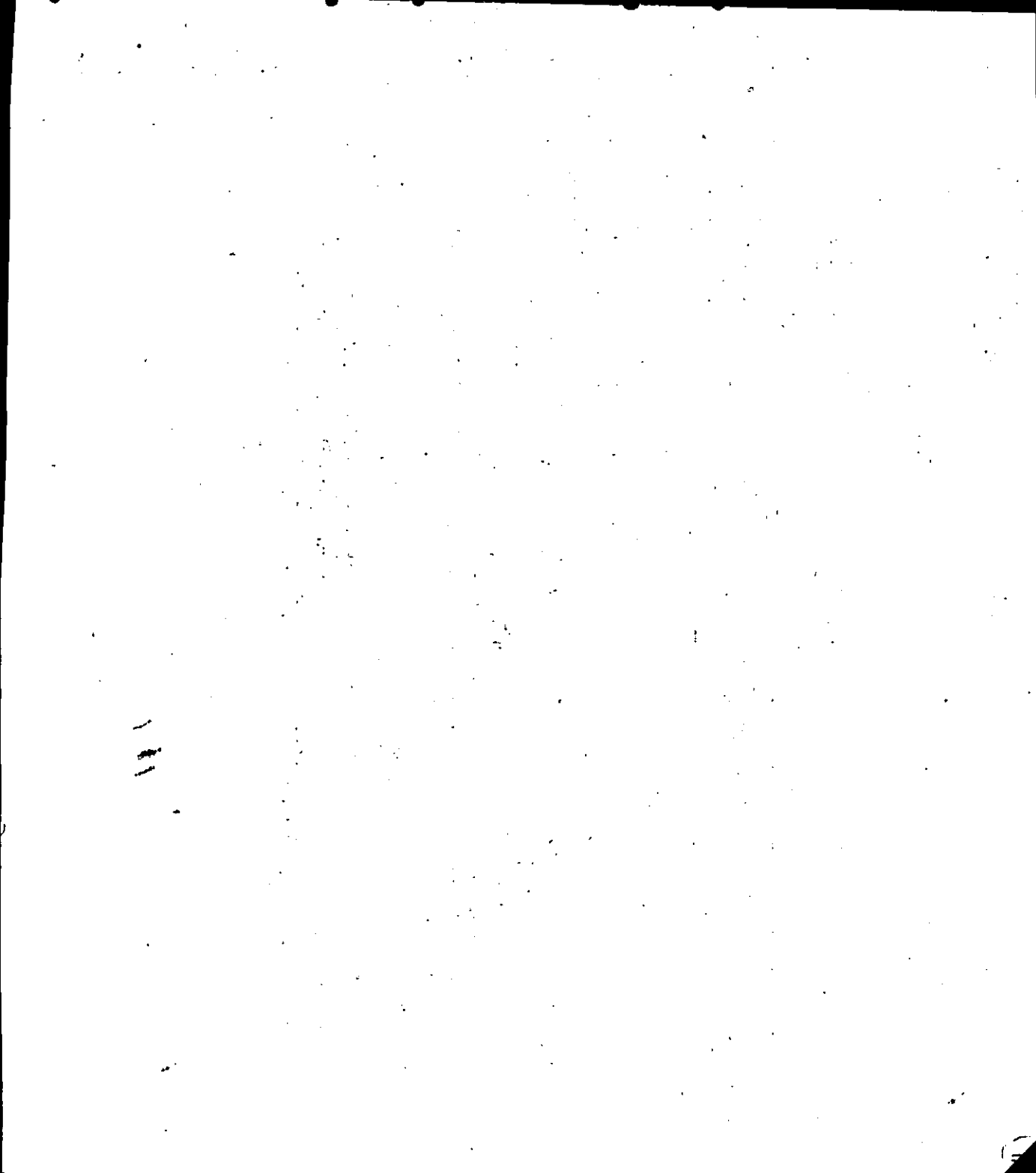
22. I HEREBY CERTIFY, That I attended deceased from May 5 1934 to August 10 1934  
I last saw him alive on Aug 10 1934 Death is said to have occurred on the date stated above, at 11 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinomatosis of viscera, liver, bowels etc.

Other contributory causes of importance: 4/6/34  
11/2/34  
5/2/34

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. J. Allen M. D.  
(Address) Winfield Mo



#2 *Lincoln*

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,

Special Agent,

Jefferson City, Mo.

31

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Gilbert Groshong  
Who died at \_\_\_\_\_ on Aug - 10 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 56 Months 0 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) Carcinoma of Colon End of stomach resulting in  
Birthplace of father (State or country) Carcinoma of viscera  
Birthplace of mother (State or country) liver bowels etc.  
Principal cause of death: \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_

(Signature of Registrar H. P. Linn) Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 491

Very truly yours,

E. T. McGaugh  
State RegistrarPrimary Reg. Dist. No. 5654

Special Agent.

S-29955

TO THE DIRECTOR, FBI

FROM THE SAC, NEW YORK

RE NEW YORK TELETYPE TO BUREAU, MAY 1, 1964

NY 100-100000

NY 100-100000

NY 100-100000

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